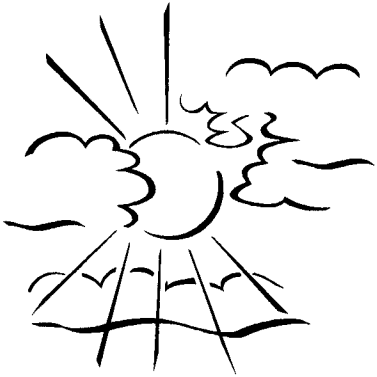


***Department
of
Human
Services***

**Prepared by the
DHS Office of
Communications
(517) 373-7394**



***Important story at this spot**

Articles in Today's Clips

Tuesday, July 12, 2005

(Be sure to maximize your screen to read your clips)

TOPIC	PAGE
*Budget	2
Juvenile Justice	3
Health Care	4-6
Child Abuse/Neglect	7-9
Foster Care/Adoption	10-12
Child Support	13
Teen Abstinence	14-15
Week in Washington	16-17

Michigan Report
July 11, 2005

HOUSE SCHEDULES MAJOR VOTES; **SENATE CANCELS SESSION**

High profile votes loom in the House this week on the House Republican plan to cut business taxes, a bipartisan proposal designed to diversify the state's economy and a House GOP bill to sell most of the state's annual tobacco settlement payments.

There will be no action on the south side of the Capitol. The Senate announced Monday it is canceling its Wednesday session.

Tuesday, the House Tax Policy Committee is expected to vote on the House Republican plan reduce the business tax burden.

House Republicans have called for a Single Business Tax credit for manufacturers equal to 25 percent of their personal property burden with a 10 percent credit for all other businesses except utilities. The House GOP proposal would change the SBT's formula to base it 100 percent on sales and phase out the cost of providing health insurance as part of the way the SBT is calculated. It would make up some of the lost revenue through the elimination of tax loopholes and fund shifts. House Republicans also want to reduce the SBT rate gradually – if state revenues rise – from 1.9 percent to 1.7 percent.

Democratic Governor Jennifer Granholm proposed a plan that would cut the Single Business Tax rate from 1.9 percent to 1.2 percent, change the tax's formula to base it 100 percent on sales, provide a 35 percent credit to manufacturers on personal property taxes paid, end some current credits like those for unincorporated companies and create a 2 percent tax on insurance companies' premiums.

Wednesday, the House Commerce Committee is expected to approve a bill that would sell three-quarters of the state's annual national tobacco settlement payments, which total about \$280 million, to investors in exchange for an immediate \$3 billion lump-sum payment. The committee also is expected to report a bill that would set up a fund that would receive \$1 billion of the so-called securitized revenues to attract cutting-edge businesses to the state.

House Republican spokesperson Matt Resch said House leaders anticipate voting on both issues during the chamber's Wednesday session.

Senate Republican spokesperson Ari Adler said the Senate canceled its scheduled session because negotiations continue on several major issues.

Tuesday, July 12, 2005

The Detroit News

Justice center interviews resume Candidate's withdrawal, charges of poor ethics hamper search to find juvenile facility director.

By Charles E. Ramirez / The Detroit News

Macomb County this week will begin a second round of public interviews to find a director for its beleaguered Juvenile Justice Center, a task that has been fraught with controversy.

The interviews come a couple of months after the search firm hired to oversee the process accused county officials of behaving unethically and favoring certain candidates. They also come three months after the county's pick for the job backed out at the last minute.

"The plan is to hire a director (for the center) after the interviews," said Phil Frame, director of public affairs for the county.

Gregory Murray, spokesman for the Ministerial Alliance of Macomb County, said the group hopes the county doesn't "repeat the sins of the past."

The alliance, a coalition of African-American church ministers and activists in Macomb County, has called for reforms at the Juvenile Justice Center and has been a vocal critic of the county's hiring practices, alleging cronyism, nepotism and racism.

The county drew criticism from the Ministerial Alliance when the board appointed Robert Whitehead interim director of the center last year. Whitehead quit the job earlier this year when it was disclosed he lacked credentials for it.

"Our hope and expectation is the county executes the process the way it should have been done the first time," Murray said.

"We will continue to monitor the process," he said. "And we hope for a much better outcome than (before), and we want the best-qualified candidate, irrespective of race, to be hired."

The six county commissioners on the committee will interview at least eight candidates in meetings scheduled Monday, Tuesday and Thursday.

The board won't likely vote on hiring a candidate until its meeting next month, Frame said.

The county's mission to find a new permanent director for the facility hasn't been easy.

The company hired in September by the county to lead the search for a new center chief withdrew from the process in May.

The firm -- Lansing-based Charles Blockett Jr. and Associates -- said county officials engaged in a pattern of unethical or incompetent behavior that "compromised a fair and open selection process."

County officials denied the company's allegations.

A month prior to Blockett's departure, the company's efforts led the county to select Diane Ransom-McGhee for the job. She turned down the offer.

You can reach Charles E. Ramirez at (586) 468-2905 or cramirez@detnews.com.

New clinic a point of pride

Tuesday, July 12, 2005

By Jeff Alexander CHRONICLE STAFF WRITER

Nicole Bradford remembers the old Koinonia Medical Clinic in Muskegon Heights as a community landmark, a place where her financially struggling family went for medical care and she often played hopscotch with friends in the clinic's parking lot.

Three decades later, Bradford -- who has risen out of poverty to become a physician's assistant -- hopes the new Muskegon Family Care clinic where she works becomes a similar focal point in the community.

Muskegon Family Care recently moved out of the former Koinonia Clinic and into a new building at the corner of Getty and Hackley Avenue. The 25,000-square-foot building replaces the old clinic at 2345 S. Getty, an outdated facility that couldn't handle the area's growing number of uninsured patients and low-income residents who lack adequate health care.

"The Koinonia Clinic was etched in the heart of Muskegon Heights; everybody identified with it, but we outgrew it," Bradford said. "This new facility is the best gesture we could make to give back to the community."

An open house will be held from 1:30-6 p.m. Friday at the \$3.7 million clinic. The building will be dedicated at a 2 p.m. ceremony.

The new facility features 30 exam rooms, a dental hygiene suite, counseling offices and a pharmacy, which will be completed later this summer. It is 50 percent larger than the old clinic, is barrier-free to provide easy access for the disabled, and features large exam rooms that allow medical personnel to see patients with other family members in the room.

"Medicine is a family affair in the African-American community," Bradford said. "When grandma gets sick the family goes to the doctor's office to be with her. When you can't accommodate the family, it's not fair to them."

Dr. Maureen Street, the clinic's medical director, said the impressive new facility will instill a sense of pride in its patients.

"When you're a patient and you walk into a grubby clinic, it's humiliating," Street said. "When you walk into a clean, well-made building you feel like you're a valuable person."

"I think this building tells people in the community that they are valuable and we are here to serve them in the best way possible," she said.

Clinic officials said exam rooms at the old facility were so small they triggered panic attacks in some patients who were being treated for anxiety. Also, sewage occasionally backed up in the old building, there were an insufficient number of bathrooms, the roof leaked and there was not enough space in the lobby to protect patient privacy.

"We had to close the old clinic one day because there were no bathrooms in the lobby and we had a gentleman who had a stomach problem that he could not control," said Tom Lufkin, executive director of Muskegon Family Care. "We had to call in a crew to clean up the mess." Lufkin said the spacious new facility -- with its array of medical personnel who serve the physical, psychological and dental needs of adults and children -- will offer better care while protecting patients' "privacy and dignity."

"Many of our patients come in with a multitude of issues," Lufkin said. "If we can establish a relationship with them, we can help them deal with their issues one at a time -- that's how you build a healthier community."

Kateesha Grant, of 3375 Waalkes, praised the new clinic during an appointment last week to get her daughter immunized.

"It's big, it's nice, it's wonderful," Grant said.

The Muskegon Heights woman, who has been going to the clinic since 2000, also praised the clinic's staff. "I love them; I wouldn't change (doctors) for nothing."

The new clinic features a large conference room for group therapy sessions and diabetic education classes. The conference room also has a kitchen, which allows the clinic's staff to show diabetic patients how to prepare healthier meals.

Muskegon Family Care is one of two federally designated clinics that serve the uninsured and low-income residents in Muskegon County. The other clinic, Hackley Community Care Center, is located at 2700 Baker.

Muskegon Family Care, which is affiliated with Mercy General Health Partners, also operates a clinic at Mercy General's Oak Campus, which is the former Muskegon General Hospital.

Construction of the new clinic was funded entirely by private donations. Although government funds support the clinic's day-to-day operations, no government money was used to build the new facility.

Some of the major financial support came from The Carls Foundation of Detroit, Community Foundation for Muskegon County, Mercy General Health Partners, Muskegon General Osteopathic Foundation and the Loutit Foundation.

Muskegon Family Care cares for patients regardless of their ability to pay, subsidizing the care of many. One-fourth of the patients treated there have no insurance coverage, and their charges for health care services are set according to their incomes.

The clinic's former Getty Street facility originally was opened in 1973 by a group of churches and the Williams Medical Foundation to serve uninsured and low-income patients. It was operated by Dr. Dale Williams as Koinonia Medical Clinic for many years until Mercy Hospital took it over in 1993.

The number of patient visits to Muskegon Family Care's Getty Street clinic has doubled over the past three years, from 32,000 in 2001 to 65,000 last year, Lufkin said. He expects the clinic will have 80,000 patient visits this year.

"Our numbers are mushrooming because the economy is going to hell," Lufkin said. "Most of our patients work, but they just don't work for companies that provide medical insurance."

Poor health care for elderly feels like ageism

FLINT JOURNAL LETTER TO THE EDITOR

THE FLINT JOURNAL FIRST EDITION

Tuesday, July 12, 2005

JOURNAL READER

When did age become a measure of our value? It seems some doctors and hospitals have determined that the older you are, the less value you represent.

I have seen it, experienced it and wept because of it as a daughter and caregiver of someone 85 years old. I have heard the same sad tales in conversations with other caregivers while in ERs and hospitals.

We are told to blame the insurance companies, but insurance companies do not tell doctors to treat you with disdain, with a dirty look and sarcastic attitude. We are then "blamed" for bringing them in constantly. What else are we to do? They are in pain, suffering terribly and are often sent there by home/visiting physicians and nurses who know the patient almost as well as the caregiver.

But this is ignored when offered as an answer to "Why are you here today?" It isn't enough for them to just be ill, in severe pain or discomfort? They want them near death.

I want my elderly friends and their families to know they are not alone even though there is nothing we can do about it.

I want the hospitals and those physicians who don't value the elderly to give us the age when we no longer count, the age where our pain and suffering no longer matter. Be brave, get together at one of your Hippocratic Oath meetings and set the "cut-off age." Then we can stop bothering you with our petty problems of severe pain, difficulty ambulating, poor memory and general ills if we are one of those over the age of value. Oh, and go ahead and put it in all the newspapers and magazines so that you don't accidentally get one of the unvalued patients. Maybe you could put a warning on Depends packaging like they do cigarettes. "Beware, wearing of these may cause you to be over the age of value to hospitals and their physicians."

It is a hard job, but the greatest privilege, to care for our parents in their most vulnerable time of need. We are not looking for a pat on the back or attention, we do it for love. Not everybody can do it, but I can and I won't have my fellow comrades in geriatric arms think they are alone.

One day, maybe we can rise up and state, "My parents' value is greater than the number of years they have toiled on this earth, so listen up and take notice, for one day you, too, will be old."

Julia M. Douglas
Flint

Published July 12, 2005

Eaton Co. police look into death of 5-week-old Sheriff's office: Girl had multiple fractures to skull

By T.M. Shultz
Lansing State Journal

WINDSOR TWP. - Detectives from the Eaton County Sheriff's Department are investigating the death of an infant girl who died of multiple skull fractures, Undersheriff Fred McPhail said in a release.

Five-week-old Tammy Truong-Phan was taken by ambulance from her home at 4136 Bridgeport Drive, just southwest of Lansing, to a hospital July 3, the release said.

The baby died July 4, said attorney Tom Clement, who is representing the child's parents.

"There is a little bit of a language barrier, and they're going through a horrible time over the loss of their child," Clement said.

Detectives have interviewed several people who were in the home July 3, but have been unable to secure an explanation of how the infant's head was injured, the release said.

The parents, Sonny Phan Truong and Ngoc-My Phan, have not yet spoken to detectives, the release said.

Clement declined to comment on what the parents have told him about what happened.

Messages left with Sheriff Michael Raines and McPhail were not returned late Monday.

Contact T.M. Shultz at 377-1061 or tshultz@lsj.com.

Belding baby falls 4 stories from apartment building

*By Marc Rehmann - Daily News intern
The Daily News serving
Montcalm, Belding and Greenville
Monday, July 11, 2005*

BELDING -- A Belding toddler survived falling four stories from an apartment building Saturday and is listed in stable condition at a Grand Rapids hospital today.

Authorities said the 13-month-old boy was playing with older siblings at their home in the Richardson Mills Apartments. The child's mother said an older brother told her he fell out of the fourth-story window and landed in a grassy area.

"We got a call that a child had fallen out of a window," said Belding Police Chief Dale Nelson. "We didn't realize that it was from a fourth floor window."

Belding Fire Department first responders received the call at about 11:30 a.m.

Nelson said the child was taken to the Spectrum Health United Memorial United Campus in Greenville and then was transferred to the Spectrum Health System's Butterworth Campus in Grand Rapids.

"For falling close to 41 feet the baby is doing well," he said. "Things were a little bit of touch-and-go on Saturday with what type of injuries. We're just relieved that the baby is doing well." The Michigan Department of Human Services is investigating the matter.

Intern Marc Rehmann can be reached _ at mrehmann@staffordgroup.com _ or (616) 754-9303.

Child's whimper told mom he survived fall

Tuesday, July 12, 2005

By Ken Kolker and Theresa D. McClellan The Grand Rapids Press

BELDING -- As she rounded the corner and saw her 13-month-old son, Darrion, face-down in the grass, she feared the worst: That he died in a 40-foot fall from their apartment window. Then, she heard a whimper.

"When I heard him whimpering, it was the best sound in the world," Tanya Stark said today. Her son was released from Spectrum Health DeVos Children's Hospital on Monday, two days after the fall, and is home with his mother.

Darrion suffered a slight skull fracture, internal bruising and a black eye, she said.

"They say it's not a bad thing," she said. "His skull took some of the energy instead of his brain taking it all."

Stark, 30, said she was in the living room of her home at Richardson Mills Apartments, talking with a neighbor about 11:30 a.m. Saturday.

Stark's two sons, Dain, 4, and Darrion, were playing in their bedroom, she said.

Dain ran into the living room "with panic all over his face. He said his baby brother was outside. That's all I heard, and I was gone."

She was the first to reach her son. "When I rounded the corner, I was so far away, I couldn't see him moving."

His whimper turned into a scream, she said.

"He's my miracle baby, let me tell ya," she said. "God had his hands on my child."

Belding Fire Chief Gregg Moore was among the first to respond to the call. "What I saw when I got there I couldn't hardly believe -- to know a kid fell four floors and was crying. Kids are somewhat resilient, but that's a long fall."

Stark said she had locked the bedroom window because she knew of its potential danger. There was no need to open the windows since the apartment has central air condition, she said. The window sill is about knee level to an adult.

Moore, the fire chief, said it doesn't appear the building's windows violate city ordinances. The building is a former silk mill that was renovated into an apartment complex in the late 1980s or early 1990s.

Belding Police Chief Dale Nelson said state Protective Services workers were reviewing the case, which is standard procedure.

"You just never know what will happen when kids are playing, what they might come up with," Nelson said. "It's warm out, and the nature of kids is to be inquisitive."

© 2005 Grand Rapids Press. Used with permission

Tuesday, July 12, 2005

A Child Is Waiting

Steven, 11, is quiet and loves learning

By Rosemary Dorr / Special to The Detroit News

Not many 11-year-olds would cheerfully give up play time at a picnic to have their picture taken. Steven did. Although he's "been let down a lot," he still has hope in people.

Quiet and unassuming, Steven has a sense of humor and loves to learn. "I like trying out (new) things," says the sixth-grader-to-be who did well in special education classes for emotionally impaired students. "Learning in school is important."

Says Steven, "I love pets. My favorite sport is football. I like to play outside, watch TV movies and play video games. I don't like getting into trouble."

"Steven is very good at learning from mistakes and doesn't make them again," notes his therapist at the residence where Steven has lived four months. "He's a favorite here," she says. "He's insightful and intelligent, a little sensitive with a laid-back personality. He's helpful, sharing, has a good sense of right and wrong and is loyal to those he cares about. He does what's expected of him."

His adoption worker adds, "Steven is a really cute kid. He just needs somebody to be by his side as he grows up -- a family that will commit to him and stick up for him."

Steven hasn't lost hope of getting that family. If you might consider adoption, please talk with Deanna Witkovsky at Lutheran Adoption Service, (248) 423-2770, ext. 1135.

Last column's child: James, 11, a polite and friendly boy, responds to attention. For information, call Kelli Crawford at Orchards Children's Services, (248) 593-2196.

A child is waiting appears Tuesdays in Features.

Family nurtures nine special-needs kids Deerfield Township couple adopts, cares for very ill children

By Bernie Hillman
Associated Press

DEERFIELD TWP. - After visiting the adopted children of Roger and Tammy Rudi for the first time, Dr. James Johnson pulled his car off the road and wept. Brianna, 10, and Savannah, 8, are blind and can't walk. Dylan, 10, Maxwell, 7, and Brianna are all hydrocephalic, having excess fluid on the brain, and Dylan also has cerebral palsy.

Myles, 5, has cystic fibrosis and is autistic.

Montgomery, 4, is bipolar and doesn't have any sweat glands.

Jayden, 4, is microcephalic, with a small head and brain.

The brain of Delaney, 2, did not divide into two hemispheres, and she must use a wheelchair, although she's often carried.

And since that day, the family also has adopted Mackenzie, 12 weeks old, who also is hydrocephalic. Seven of the nine are fed through tubes in their stomachs. All are in diapers. Their conditions have all been called terminal.

"It reminded me of Haiti," said Johnson of Belleville, a former medical missionary, while recalling his first trip to the Rudi family, "but the kids would die there."

Instead, at their 15-bedroom, 12-bathroom house on Lobdell Lake, Roger and Tammy Rudi see to it that each of their nine special-needs children lives in a nurturing home with dignity.

For example, Brianna and Savannah can't see, but their bedroom is decorated in little-girl pink and white with flowers. Ballerinas dance on the wall.

Nine pairs of tennis shoes are lined up on top of a room divider. Four locked cupboards hold a legion of medicine bottles.

Big family

Roger and Tammy Rudi of Deerfield Township have nine children with special needs. They are:

- Brianna, 10
- Dylan, 10
- Savannah, 8
- Maxwell, 7
- Myles, 5
- Montgomery, 4
- Jayden, 4
- Delaney, 2
- Mackenzie, infant

Then there is the work that needs to be done: 40 feedings a day, six loads of laundry a day, all the diapers that need to be changed.

"Things get hard from time to time, but it does for every family," said Tammy Rudi. "There are moments I pray, 'God, you've got to help me.'

"There hasn't ever been a day I couldn't love them. Roger and I have a strong faith in God.

Raising these kids is our mission field. Our hearts believe strongly in this."

What brought the newlyweds to make a place for kids with severe health problems 10 years ago began with the idea to start a family that needed them. It was Roger's first marriage and Tammy's second. Her three children - sons Michael McGue, 21, and Madison McGue, 17, and daughter Megan McGue, 20 - live with them, too.

Dylan was the Rudis' first adopted son. He was born a triplet and was 14 months old when a friend told them about him.

"Once we got him in our arms, he was ours," Roger Rudi said.

Over the years, they heard of more babies whose families couldn't deal with them.

The Rudis decided early on that they would adopt three. But they heard stories that broke their hearts, and they took in just one more, then another.

"Somewhere, we went beyond that and kept going. After it got to a certain point, one more didn't matter," said Tammy Rudi, 40. "I see them as children first, not the disability. I think the birth family sees the disability - because they are so damaged."

There are special things about each child that tug at Tammy and Roger Rudi.

Maxwell was premature and weighed 3 pounds when he was born. He suffered a severe stroke and nearly died.

"They told us he would be blind and deaf and never walk or talk," Tammy Rudi said.

He does all that and more.

Roger Rudi formed a special bond with Maxwell, traveling to a Detroit-area hospital to hold him and talk to him.

"I picked him up, and he smiled at me," he said. "I could hold him in one hand."

Savanna, who is paralyzed and has seizures, is of Mideastern descent. "I think she is very beautiful," Tammy Rudi said.

None of the nine was supposed to live as long as they have.

"These kids are so fragile, (but) there is something special about each of them," she said.

They thrive, she surmises, on "love, acceptance and good care" and a circle of support.

"Everybody is on the same page that's what makes this work - the doctors, the school, the therapists, our whole family unit," she said.

Tammy's sister, Mary Piechowski of Genesee County's Fenton Township, is not surprised by her sister's devotion to the less fortunate.

"Our folks took in foster children for probably 30 years," said Piechowski, 54. "They'd have four and five kids in one family." They weren't kids with special needs, though.

"Everybody is accepted. No one in our family thinks anything odd of it. You should see our Easter egg hunt."

Commissioners demand review of Friend of Court

Tuesday, July 12, 2005

By Brian Wheeler bwheeler@citpat.com -- 768-4928

Troubled by new layoffs and familiar complaints about service, Jackson County's commissioners are asking for a review of the county's Friend of the Court office.

A panel Monday gave County Administrator Robert Elliott a month to look over the operations of the agency, which handles child support in Jackson County.

Commissioners said they were reacting to age-old gripes from parents who say they get poor service and to layoffs that took effect Monday. Five workers left the agency because of state funding cuts, bringing its full-time work force to 47 people.

"I would like to see a total re-evaluation of everything that goes on at Friend of the Court," said Commissioner James Videto, R-Spring Arbor.

"It's a system that seems cumbersome. It's a system that is not user-friendly."

Jackson's office traditionally gets good marks from judicial and child-support officials, yet that hasn't buffeted it against a rocky couple of years. The 2003 switch to a statewide computer system caused months of glitches that affected tens of thousands of people, and the office has had occasional problems with its phone system.

The office's relocation to Lansing Avenue, meanwhile, has been put off a month until the end of July. Commissioners even struggled Monday with whether to let the agency spend \$25,400 to buy and install an X-ray scanner for the new building.

That purchase will go before the full county board July 26, but without the backing of Commissioner Todd Brittain, I-Leoni Township.

"I'm not going to support it (because) they're laying off people," he said.

There might be progress on that front. Court officials will ask another county committee today to shift \$67,000 in the agency's fund balance, or savings account, to rescind the layoffs.

Andy Crisenbery, the office's director, said he welcomed a review but appeared more concerned with undoing the layoffs.

"They need to realize that if they don't get these positions back, it's only going to get worse," he said.

The Detroit News

Tuesday, July 12, 2005

Abstinence should not be only policy for sex education

By Sheryl McCarthy

Abstinence-only sex education for teenagers took another hit this week when a prominent group of pediatricians came out in support of giving them access to birth control.

In an article in the current journal of the American Academy of Pediatrics, its committee on adolescence concludes that while pediatricians should encourage adolescents to postpone early sexual activity, they should also make sure they have access to contraceptives, including emergency contraception.

The recommendation flies in the face of the abstinence-only approach being pushed by the Bush administration and religious groups. And dramatically, the article abandoned the academy's former policy that called abstinence counseling "an important role for all pediatricians."

Why?

"Because there isn't any evidence that that message is effective," said Dr. Scott Spear, associate professor of pediatrics at the University of Wisconsin, Madison, and chairman of the national medical committee of the Planned Parenthood Federation of America.

"As scientists, we're saying we don't want politics to trump what's healthy and safe for young people."

The academy's report is one more in a series of studies that have concluded that the just-say-no approach has no proven record of reducing sexual activity or pregnancy among teenagers.

Yet the Bush administration is pushing relentlessly on to make sure the abstinence-only message is the only kind of sex education available to young people.

In 2001, a few years after the push to expand such programs began, the federal government spent \$80 million on abstinence-only programs. It will spend \$167 million in this fiscal year.

"We've got more than 10 years of federal financing to the tune of \$700 million for abstinence-only, and no science shows that it's effective," Spear told me.

While no one wants to encourage sexual activity among teenagers, the abstinence-only policy is flawed because it chooses idealism over helping young people with the lives they actually lead. The academy found that 45 percent of high school girls and 48 percent of high school boys have already had sexual intercourse. And while the teenage pregnancy rate has been dropping in recent years, the main cause has been the use of more effective birth control, according to the Alan Guttmacher Institute.

The problem with abstinence-only is not that it promotes abstinence, but that it's anti-birth-control. A Columbia University study in 2000 found that while adolescent pledges to remain virgins until marriage delayed the age of first intercourse briefly, when the pledgers did have sex they were less likely than non-pledgers to use birth control.

And a congressional study done last year found that abstinence-only programs were rife with misinformation: teaching students that condoms don't help prevent the spread of sexually transmitted diseases, that legal abortions lead to sterility and to premature births. They also promote sexual stereotypes about boys and girls.

The problem with the Bush administration's approach is that it's practicing faith-based medicine, and one of the results is that 900,000 teenagers still get pregnant every year.

Groups such as the academy need to keep telling the truth until the message sticks, and until science and sound social policy begin to trump politics

.
Sheryl McCarthy is a Newsday columnist.

Executive Staff
Karen Stock

(from Marianne Udow)

How Week



APHSA
American Public Human Services Association

in Washington

July 8, 2005 · Volume XXVI · No. 27

HHS Announces New Medicare Appeals Process

On July 1, the U.S. Department of Health and Human Services (HHS) announced new rules for the Medicare appeals process as part of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA). The new rules are designed to expedite the appeals process for beneficiaries, providers, and suppliers and meet the mandated 90-day timeframe from the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000. Under the new rules, Medicare hearings will be handled by the Office of Medicare Hearings and Appeals, and no longer by the Social Security Administration. Video conferencing (VTC) technology will be used to increase the number of sites where hearings can occur, which is intended to cut down on the hearing timeframe and reduce travel demands. For cases where VTC will not suffice, an HHS administrative law judge will travel to a location most convenient for the party involved to hold the hearing. The announcement is at <http://www.hhs.gov/news/press/2005pres/20050701a.html>. General information on the Medicare appeals process is on the Office of Medicare Hearings and Appeals web site at <http://www.hhs.gov/omha/>.

CMS Releases Guidance on Coordination of Benefits in Medicare Part D

On July 6, the Centers for Medicare and Medicaid Services (CMS) issued guidance regarding coordination of benefits under Medicare Part D as required by MMA. MMA specifies that coordination of benefits must include the following five elements: enrollment file sharing; claims processing and payment; claims reconciliation reports; application of the protection against high out-of-pocket expenditures by tracking true out-of-pocket expenditures; and other processes to be determined by CMS. The guidance includes coordination of benefits requirements applicable to various parties, including beneficiaries, Part D plans, and other payers under Medicare Part D. The complete guidance document is available on the CMS web site at <http://www.cms.hhs.gov/pdps/cob.asp>.

Medicaid Continues to Slow States' Fiscal Recovery

On July 7, the National Governors Association and National Association of State Budget Officers (NASBO) released *The Fiscal Survey of States*, which estimates states' fiscal year 2005 and 2006 spending. Most states continue to recover from their worst budget crises in 60 years, but despite improving economies, are still struggling in FY 2005 to cover expenditure backlogs and rapid Medicaid spending growth. The NASBO survey estimates the state share of Medicaid spending will increase by 16.7 percent in FY 2005. For

comparison, the growth in the state share during FY 2004 was only 3 percent. The dramatic increase in the states' Medicaid share is due to the expiration of the temporary Federal Medical Assistance Percentage provided to states under the 2003 federal fiscal relief package. NASBO's fiscal survey reveals that 20 states experienced Medicaid deficits in FY 2004, and 24 states anticipate shortfalls in FY 2005. The report is available at <http://www.nasbo.org/Publications/fiscalsurvey/fsspring2005.pdf>.

Foster Care Mentoring Act Introduced in Senate

On June 30, Sen. Mary Landrieu (D-La.) introduced S. 1343, the Foster Care Mentoring Act of 2005. This is a companion bill to H.R. 822, introduced in the House February 15 by Rep. Juanita Millender-McDonald (D-Calif.). The legislation would establish grants to set up or expand programs that provide mentoring services to children in foster care. The federal share of the grants would be 75 percent. The legislation would set up education requirements for mentors and provide federal student loan forgiveness for those mentors who work in a statewide mentor program 200 or more hours per year, up to \$20,000. The bill has been referred to the Senate Finance Committee. The text of the legislation can be found at <http://thomas.loc.gov>.

Health Care for Young Adults Act of 2005 Introduced

On June 22, Rep. Vic Snyder (D-Ark.) and nine cosponsors introduced H.R. 3040, the Health Care for Young Adults Act of 2005. The bill would amend titles XIX and XXI of the Social Security Act (SSA), permitting states to cover low-income youth up to age 23. It provides for an additional annual appropriation for each of FYs 2006 through 2009 of \$500 million. This amendment would apply to services rendered on or after October 1, 2005. This bill would also provide grants to implement Medicaid and State Children's Health Insurance Program expansions of eligibility for children and young adults under titles XIX and XXI of the SSA, which includes planning, implementation, and outreach to expand the eligibility populations. The legislation is available at <http://thomas.loc.gov>.

CBO Scores Workforce Investment Act Bills

On July 1, the Congressional Budget Office (CBO) released a financial cost estimate of S. 1021, the Workforce Investment Act Amendments of 2005. The legislation would reauthorize programs under the Workforce Investment Act of 1998, including the Wagner-Peyser Act, the Adult Education and Family Literacy Act, and the Rehabilitation Act. These programs, which received mandatory funding of \$2.6 billion and discretionary funding of \$7.3 billion for FY 2005, provide a framework for adult education, job training, and

employment service assistance. The bill would increase mandatory spending by \$5 million from FY 2006 to FY 2010 by requiring the Social Security Administration to reimburse Indian tribes that provide vocational rehabilitation services. The bill would affect discretionary spending by extending authorization for various job training and employment services and education grants. CBO estimates that implementing S. 1021 would cost \$580 million in FY 2006 and \$25 billion between FYs 2006 and 2010. Last February 24, CBO released its estimate for H.R. 27, the Job Training Improvement Act of 2005. CBO estimated that H.R. 27 would not increase direct spending for the \$1 million a year in payments to Indian tribes, as in S. 1021. However, H.R. 27 would increase authorizations by \$34 billion between FYs 2006 and 2010, with resulting outlays of \$24.6 billion, in contrast to \$25.1 billion over the same period under S. 1021. More information is available at <http://www.cbo.gov/ftpdocs/65xx/doc6508/s1021.pdf>.

Asset Limits May Inhibit Retirement Savings

The Retirement Security Project has published a report, *Protecting Low-Income Families' Savings*, which evaluates the effects on retirement accounts of asset limits used to determine eligibility in a number of federal low-income assistance programs. The programs include the Food Stamp Program (FSP), Medicaid, Supplemental Security Income (SSI), and Temporary Assistance for Needy Families (TANF). The asset limits differ greatly among programs, states, and clients. For example, under the FSP, 401(k) plans, 403(b) plans, 457 plans, Federal Employee Thrift Savings plans, Section 501(c)(18) plans, and some Keogh plans are excluded from being counted towards the asset limit. However, IRAs, Simplified Employer Pension Plans, and certain other Keogh plans are included. Frequently, when an employee changes, loses, is laid off from, or quits a job, the balance of a 401(k) plan is rolled over into an IRA in an attempt to maintain a retirement account without the penalties of cashing out the plan. However, this means that the worker may become ineligible for FSP benefits because the IRA account is no longer considered exempt from the asset limit. The FSP asset limit, \$2,000, has remained at the same level since 1985; if adjusted for inflation, the limit should now be more than \$5,400. Under Medicaid, states have the option to waive or modify asset limits. Even with these options, most states still have asset limits for the elderly, blind, disabled, and families with children. Rules governing SSI are set by Congress, so states cannot waive or adjust the SSI asset limits (\$2,000 for individuals and \$3,000 for couples). These limits have remained the same since 1989 and have not been adjusted for inflation. TANF offers states a high level of flexibility to exclude retirement accounts from asset limits, but many states choose to discount only some types of retirement accounts and may include interest on retirement accounts as income. The report suggests three changes to federal means-tested programs to assist low-income families with retirement savings: eliminate the asset test, raise the asset limit, or discount retirement accounts from the asset test. The full report can be found on the Retirement Security Project web site at <http://www.retirementsecurityproject.org/>.

ACF Announces Child Welfare Funding Opportunities

On July 1, the Administration for Children and Families (ACF) announced funding to support the fourth phase of implementation of the Consortium for Longitudinal Studies of Child Abuse and Neglect. This program conducts and coordinates studies on young children who

have experienced maltreatment or are at risk of experiencing maltreatment. Funding in the amount of \$1.75 million is available to members of the Consortium for Longitudinal Studies. Applications are due August 10. The full announcement was published in the July 1 *Federal Register* (70 FR 38157-38166). On July 6, ACF announced funding for demonstration projects on the effective implementation of adoption services for youth who want to retain contact with birth families. The programs should introduce open adoption (adoption where the child maintains contact with members of the birth family) to improve permanency outcomes. The announcement notes the need to design models of open adoption to facilitate permanency for children over age 12 in foster care. Eligible applicants for the funding, \$1.8 million, include state and local governments; tribal governments; nonprofits; faith-based organizations; and community organizations. Applications are due August 10. The announcement was published in the July 6 *Federal Register* (70 FR 38948-38957). Also on July 6, ACF announced funding for a cooperative agreement to continue the operation of the National Data Archive on Child Abuse and Neglect. The grantee will be required to provide technical assistance to data users who access the National Survey of Child and Adolescent Well-Being. Funding in the amount of \$600,000 is available to eligible applicants, which include state and local governments. Applications are due August 10. The announcement was published in the July 6 *Federal Register* (70 FR 38957-38967). All announcements are available online at <http://www.gpoaccess.gov/fr/index.html>.

Administration on Developmental Disabilities Announces Family Support Funding

On July 1, the Administration on Developmental Disabilities announced funding for creating or expanding statewide systems change regarding family support. These systems should address the problems that stand in the way of self-sufficiency of individuals with developmental disabilities and their families. Alabama, California, Iowa, and Puerto Rico are eligible for the funding. The announcement includes the application requirements, application process, and other information. Applications are due August 15. The announcement was published in the July 1 *Federal Register* (70 FR 38166-38177) and is available online at <http://www.gpoaccess.gov/fr/index.html>.

Report Released on Effects of Methamphetamine

On July 5, the National Association of Counties released a report, *The Meth Epidemic in America*, on the impact of methamphetamine use. The report looks at the impact of methamphetamine use on communities' law enforcement agencies and on children. The report was based on survey responses from law-enforcement agencies in 500 counties from 45 states, and on 303 county responses from the 13 states where child welfare services are provided at the county level. The report notes that the drug is a major cause of child abuse and neglect in many of the counties that responded. The report is available online at www.naco.org.



This Week in Washington (ISSN 0743-2437) is published 45 times a year by the American Public Human Services Association. Subscriptions are \$110 for APHSA members, \$120 for nonmembers, and \$150 for international subscribers. Send all orders prepaid to: Publications Services, APHSA, 810 First Street, NE, Suite 500, Washington, DC 20002, (202) 682-0100, fax: (202) 204-0071, pubs@aphsa.org

©2005 by the American Public Human Services Association. All rights reserved.